



## National fund for Municipal Workers Notification of Temporary Absence

### MEMBER INFORMATION

Surname	
Full names	
e-Mail address	
ID number ATTACH COPY OF ID DOCUMENT	
Telephone number – Mobile	
Telephone number – Home	
Home postal address	
Postal code	
Employer (MUNICIPALITY)	
Employee number (PAYSIP NUMBER)	
Membership number – Category C	
Membership number – Category A	

### TEMPORARY ABSENCE INFORMATION

Temporary absence start date	D D M M Y Y Y Y
Expected temporary absence end date	D D M M Y Y Y Y
Reason for temporary absence	<input type="checkbox"/> Maternity leave <input type="checkbox"/> Unpaid sick leave <input type="checkbox"/> Disciplinary action <input type="checkbox"/> Other: _____
If service is resumed on a date other than the 1 <sup>st</sup> of the month, will contributions be deducted for that month? <input type="checkbox"/> Y <input type="checkbox"/> N	

### CONTRIBUTION OPTIONS

<input type="checkbox"/> Contributions will cease until further notice	<input type="checkbox"/> Contributions will continue unchanged
<input type="checkbox"/> Group Risk Premiums will be maintained	

***No Funeral, Death or Disability benefits will be paid while the member is temporary absent and no monthly risk premiums are received.***

I, the undersigned MEMBER, declare that the particulars given above are true and correct. I also affirm that I understand the implications of temporary absence i.e. that I have no Funeral, Death and Disability cover during this period of Temporary Absence if the Group Risk premiums are not maintained.

<p>MEMBER SIGNATURE</p>	D D M M Y Y Y Y
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I, the undersigned, declare on behalf of the employer that the particulars given above are true and correct and that the employer regards the absence to be approved temporary absence. I further declare that I understand that there will be NO RISK COVER payable during this period of temporary absence if risk premiums are not maintained.

<p>EMPLOYER SIGNATURE</p>	D D M M Y Y Y Y	<p>OFFICIAL STAMP</p>
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